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**REQUEST FOR WITHDRAWAL
 AS ATTORNEY OR AGENT
 AND CHANGE OF
 CORRESPONDENCE ADDRESS**

| | |
|------------------------|------------------------|
| Application Number | 09/872,405 |
| Filing Date | 6 / 1 / 2001 |
| First Named Inventor | MICHAEL H. MYERS et al |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

RECEIVED

To: Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

SEP 02 2005

Please withdraw me as attorney or agent for the Patent applications identified on the attached Exhibit A; and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number **27189**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Attorney Gary L. Eastman has left the firm of Procopio, Cory, Hargreaves & Savitch LLP (Customer No. 28189), and has taken his clients' files with him to his new firm for continued handling. Mr. Eastman has stated that he will be obtaining and filing the necessary revocations and powers of attorneys for each of the patent matters identified. Mr. Eastman's USPTO Customer Number is 31555.

Therefore, Procopio, Cory, Hargreaves & Savitch LLP, and each of the attorneys associated with Procopio's Customer No. 27189, hereby request to be removed as counsel of record for each of the patent matters identified and, further, that all future correspondence and notices be sent to Mr. Gary L. Eastman (Customer No. 31555) at 707 Broadway, Suite 1800, San Diego, CA 92101, Telephone no. (619) 230-1144, Fax No. (619) 230-1944; email: garyeastman@sbcglobal.net.

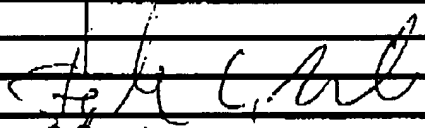
CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☒ Change the correspondence address and direct all future correspondence to:

☒ The address associated with Customer Number:

31555

OR

| | | | |
|--|---|------------------|----------------|
| <input type="checkbox"/> Firm or Individual Name | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |
| Signature |  | | |
| Name | Stephen C. Beuerle | Registration No. | 38,380 |
| Date | 9-1-2005 | Telephone No. | (619) 238-1900 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.